

IN THE UNITED STATES DISTRICT COURT  
FOR THE \_\_\_\_\_ DISTRICT OF TENNESSEE

\_\_\_\_\_  
DIVISION

RECEIVED  
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JAN 13 2014  
U.S. DISTRICT COURT  
MID. DIST. TENN

SCOTT ALLEN POFAHL Name )

Prison Id. No. 482391 )

\_\_\_\_\_  
Name )

Prison Id. No. \_\_\_\_\_ )

Plaintiff(s) )

v. )

Jimmy Brown Name )

Lawrence County Detention Name )

Defendant(s) CENTER )

(List the names of all the plaintiffs  
filing this lawsuit. Do not use "et  
al." Attach additional sheets if  
necessary.)

Civil Action No. \_\_\_\_\_  
(To be assigned by the Clerk's  
office. Do not write in this space.)

Jury Trial ☐ Yes ☐ No

(List the names of all defendants  
against whom you are filing this  
lawsuit. Do not use "et al." Attach  
additional sheets if necessary.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS  
FILED PURSUANT TO 42 U.S.C. § 1983

I. PREVIOUS LAWSUITS (The following information must be provided by each plaintiff.)

A. Have you or any of the other plaintiffs in this lawsuit filed any other lawsuits in the United States District Court for the Middle District of Tennessee, or in any other federal or state court?

☐ Yes ☒ No

B. If you checked the box marked "Yes" above, provide the following information:

1. Parties to the previous lawsuit:

Plaintiffs

Defendants

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. In what court did you file the previous lawsuit? N/A  
(If you filed the lawsuit in federal court, provide the name of the District. If you filed the lawsuit in state court, provide the name of the state and the county.)
3. What was the case number of the previous lawsuit? N/A
4. What was the Judge's name to whom the case was assigned? N/A
5. When did you file the previous lawsuit? N/A (Provide the year, if you do not know the exact date.)
6. What was the result of the previous lawsuit? For example, was the case dismissed, appealed, or still pending? N/A
7. When was the previous lawsuit decided by the court? N/A (Provide the year, if you do not know the exact date.)
8. Did the circumstances of the prior lawsuit involve the same facts or circumstances that you are alleging in this lawsuit.
- ☐ Yes ☒ No

(If you have filed more than one prior lawsuit, list the additional lawsuit(s) on a separate sheet of paper, and provide the same information for the additional lawsuit(s).)

II. THE PLAINTIFF'S CURRENT PLACE OF CONFINEMENT (The following information must be provided by each plaintiff.)

- A. What is the name and address of the prison or jail in which you are currently incarcerated? 240 W. GAINES Lawrenceburg, TN 38464
- B. Are the facts of your lawsuit related to your present confinement?
- ☒ Yes ☐ No
- C. If you checked the box marked "No" in question II.B above, provide the name and address of the prison or jail to which the facts of this lawsuit pertain.
- N/A
- D. Do the facts of your lawsuit relate to your confinement in a Tennessee State Prison?
- ☐ Yes ☒ No

If you checked the box marked "No," proceed to question II.H.

E. If you checked the box marked "Yes" in question II.D above, have you presented these facts to the prison authorities through the state grievance procedure?

☐ Yes NA ☐ No

F. If you checked the box marked "Yes" in question II.E above:

1. What steps did you take? N/A

2. What was the response of prison authorities? N/A

G. If you checked the box marked "No" in question II.E above, explain why not. N/A

H. Do the facts of your lawsuit pertain to your confinement in a detention facility operated by city or county law enforcement agencies (for example, city or county jail, workhouse, etc.)?

☒ Yes ☐ No

I. If you checked the box marked "Yes" in question II.H above, have you presented these facts to the authorities who operate the detention facility?

☒ Yes ☐ No

J. If you checked the box marked "Yes" in question II.I above:

1. What steps did you take? I have filed many grievances to the administration

2. What was the response of the authorities who run the detention facility? It will be addressed. They also said only one grievance a day.

L. If you checked the box marked "No" in question II.I above, explain why not. N/A

**Attach copies of all grievance related materials including, at a minimum, a copy of the grievance you filed on each issue raised in this complaint, the prison's or jail's response to that grievance, and the result of any appeal you took from an initial denial of your grievance.**

### III. PARTIES TO THIS LAWSUIT

A. Plaintiff(s) bringing this lawsuit:

1. Name of the first plaintiff: SCOTT ALLEN PUFER

Prison Id. No. of the first plaintiff: 482391

Address of the first plaintiff: 240 W. Gaines  
Lawrenceburg, TN 38464  
(Include the name of the institution and mailing address, including zip code.  
If you change your address you must notify the Court immediately.)

2. Name of second the plaintiff: N/A

Prison Id. No. of the second plaintiff: N/A

Address of the second plaintiff: N/A

(Include the name of the institution and mailing address, including zip code.  
If you change your address you must notify the Court immediately.)

If there are more than two plaintiffs, list their names, prison identification numbers, and addresses on a separate sheet of paper.

B. Defendant(s) against whom this lawsuit is being brought:

1. Name of the first defendant: Jimmy Brown

Place of employment of the first defendant: Lawrence County  
Sheriffs Department

The first defendant's address: 240 W. Gaines  
Lawrenceburg, TN 38464

Named in official capacity? ☒ Yes ☐ No

Named in individual capacity? ☐ Yes ☐ No

2. Name of the second defendant: N/A

Place of employment of the second defendant: N/A

The second defendant's address: N/A

Named in official capacity? ☐ Yes ☐ No

Named in individual capacity? ☐ Yes ☒ No

If there are more than two defendants against whom you are bringing this lawsuit, you must list on a separate sheet of paper the name of each additional defendant, their place of employment, their address, and the capacity in which you are suing them. If you do not provide the names of such additional defendants, they will not be included in your lawsuit. If you do not provide their proper name, place of employment, and address, the Clerk will be unable to serve them should process issue.

#### IV. STATEMENT OF FACTS

State the relevant facts of your case as briefly as possible. Include the dates when the incidents or events occurred, where they occurred, and how each defendant was involved. Be sure to include the names of other persons involved and the dates and places of their involvement.

If you set forth more than one claim, number each claim separately and set forth each claim in a separate paragraph. Attach additional sheets, if necessary. Use 8 1/2 in. x 11 in. paper. Write on one side only, and leave a 1 in. margin on all four sides.

I was given my 10:00 p.m. meds by C.O. Herr at 2:30<sup>pm</sup> on 11/23/13. It is unacceptable him or anyone else besides a nurse to hand out my meds. I have had a broke left foot since I came in on 10/6/13. They knew I had a broke foot and didn't do anything about it for a month and a half. 11/19/13. They took me to the doctor and he said my foot is still broke and it had been 2 months. My brother tried to drop off my walking boot but they told him no it's already healed. (And it still isn't) I have wrote medical requests that have gone unanswered. I was denied toilet paper on 11/23/13. I wrote a grievance and they said ask for some so I did and C.O. Green told me I don't have any. I asked him if I could get some paper towels that I really had to use the bathroom and he said no; it will clog the toilet.

I was denied my 10:00pm meds on 11/14/13 by C.O. RAYfield. He had the power to get it to me but chose not too. I went to court on 11/27/13 and come back and they did not give me my meds. I told C.O. Herr and he said ok but never got them for me. I went all day that day without my prescribed meds. On weekends the Correctional officers hand out our meds. (unacceptable) we also only get 3 days outside REC out of seven days. Monday, Wednesday and Friday is our days we get to go to rec. 11/21/13 - 11/28/13 - Denied REC everyday 12/3/13 - 12/10/13 - Denied REC

#### V. RELIEF REQUESTED: Specify what relief you are requesting against each defendant.

A. Jimmy Brown - money settlement

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

E. \_\_\_\_\_

F. I request a jury trial.

☒ Yes

☐ No

VI. CERTIFICATION

I (we) certify under the penalty of perjury that the foregoing complaint is true to the best of my (our) information, knowledge and belief.

Signature: Scott Pufahl Date: 12/3/13

Prison Id. No. 482391

Address: 240 W. Gaines Lawrenceburg, TN  
38464  
(Include the city, state and zip code.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Prison Id. No. \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
(Include the city, state and zip code.)

**ALL PLAINTIFFS MUST SIGN AND DATE THE COMPLAINT**, and provide the information listed above. If there are more than two plaintiffs, attach a separate sheet of paper with their signatures, dates, prison identification numbers, and addresses.

**ALL PLAINTIFFS MUST COMPLETE, SIGN, AND DATE SEPARATE APPLICATIONS TO PROCEED IN FORMA PAUPERIS**, if not paying the civil filing fee.

**SUBMIT THE COMPLAINT, THE REQUIRED FILING FEE, OR APPLICATION TO PROCEED IN FORMA PAUPERIS, TOGETHER.** Complaints received without the required filing fee or application to proceed *in forma pauperis* will be returned. Filing fees, or applications to proceed *in forma pauperis*, received without a complaint will be returned.

4013/cok wad  
11-23-13

# LAWRENCE COUNTY CORRECTIONS INMATE GREIVANCE REPORT

TO:

FROM:

DATE:

COMMENTS:

LT Killen  
Scott POFATC  
11/23/13  
FYI  
T + IS ARE 8th Amendment  
Right to be and I quote Adequately  
provided with food, clothing, shelter and  
Hygiene. Tonight marks 1 whole week  
on one roll of toilet paper. Rayfield  
told us there is none. Please take  
care of this please.

Thank you

## FOR OFFICE USE ONLY

PREVIOUSLY ANSWERED: YES ☒ NO

OFFICER RESPONSE:

Scott,

We have toilet paper just  
request it. I have bulk shipment coming. Relax.

✓  
C. Mark

Yo Blackwood  
11-23-13

# LAWRENCE COUNTY CORRECTIONS INMATE GREIVANCE REPORT

TO:

LT Killen

FROM:

Scott PUFATH

DATE:

11/23/13

**COMMENTS:** I was given today by C.O. HERR my nighttime meds at 2:30 pm. It is unacceptable him or any CO handing out meds for that reason. Everyday I am given a hot box with no lid so my food is cold. The ventilation in my cell is unacceptable and there is no emergency call button. I have had a broke left foot since I came in on 10/6/13 and they just now on 11/19/13 took me too the Doctor. I have been ~~to~~ denied

## FOR OFFICE USE ONLY

PREVIOUSLY ANSWERED: YES ☒ NO

OFFICER RESPONSE:

SCOTT,

ONE GRIEVANCE A DAY AND WHY DON'T YOU FOLLOW OUR RULES ALSO. MEDICAL ATTENTION HAS BEEN GIVEN.

Thanks  
GT Mahan



JKG

# LAWRENCE COUNTY CORRECTIONS INMATE GREIVANCE REPORT

TO: SGT MAHAR  
FROM: SCOTT PUFALL  
DATE: 11/25/13

COMMENTS: Today you told me to just chill out  
and ask for toilet paper and some will  
be given to me. I did just that and CO.  
Green said he didn't have any. I told him  
to just give me some paper towels and  
he said no they will clog the toilet. I  
told him I couldn't hold it any longer and  
he said if I give them to you you can't  
flush it. Please get us some toilet paper  
thankyou for your time on this matter.

## FOR OFFICE USE ONLY

PREVIOUSLY ANSWERED: YES ☒ NO

OFFICER RESPONSE: Done

Sgt Taylor

90 Blackwood  
11-27-13 Medical

# LAWRENCE COUNTY CORRECTIONS INMATE GREIVANCE REPORT

TO: Lt Killern

FROM: Scott PUFALL

DATE: 11/27/13

COMMENTS: I have filled out medical  
requests and have not gotten any  
response to any of them. Today  
I had court and they didnt even  
give me my meds. I went all day  
without my prescribed meds. Please  
talk to them.  
Thank you for your time on this  
matter  
SCOTT

## FOR OFFICE USE ONLY

PREVIOUSLY ANSWERED: YES NO

OFFICER RESPONSE: I will address this with medical  
did you tell your pod officer you did get  
your med? and if you did who was it?

Lt. PUFALL

90 B/achwood 11-14-13

# LAWRENCE COUNTY CORRECTIONS INMATE GREIVANCE REPORT

TO:

lt Killen

FROM:

Scott PUFARRE

DATE:

11/14/13

COMMENTS:

man, I HATE WRITING  
THESE STUPID THINGS BUT  
I WAS SUPPOSED TO GET MY  
HYDROXIZINE TONIGHT AND IT  
WASNT IN THE PACK THE NURSE'S  
MADE FOR ME. RAYFIELD SAID  
THAT I DIDNT GET BECAUSE THEY  
ARE OUT. I KNOW HE ALSO SAID  
THAT THE NURSE PACKED THEM THE  
NIGHT BEFORE. I TOLD HIM THAT I →

## FOR OFFICE USE ONLY

PREVIOUSLY ANSWERED: YES

☒ NO

OFFICER RESPONSE:

SCOTT,

I WILL LOOK INTO THIS.

THANKS FOR THE

NEED THOSE MEDS THEY ARE IMPORTANT  
TO ME AND BEN MCDOWELL HAD THEM  
WHEN HE PASSED OUT MEDS TODAY  
AT THREE-THIRTY, ON THE CART.

A FULL BOTTLE! RAYFIELD IS ACTIVE  
SGT TONIGHT AND HE HAS KEYS TO  
THAT ROOM TO CHECK THE CART  
FOR IT BUT JUST WON'T DO  
IT. I REALLY FEEL LIKE

YOU NEED TO SAY SOMETHING  
TO HIM ABOUT THIS.

IT WOULD BE GREATLY

Appreciated.

Scottie